therefore, an artificial alopecia. Neither the skin nor the hair shows any pathological appearances whatever.

The case quoted to illustrate this condition is that of a general paralytic 37 years old, with the usual symptoms. Following an epileptiform attack, he lost considerable weight. Shortly afterwards, upon examination, a large part of the pubic and genital hair was found to be absent. A pruritus evidently existed. No lesion in either the skin or hair could be found. This condition continued for a few months, when it suddenly ceased, without any definite cause. The hair soon grew again.

Autointoxication was thought of as an explanation, but on account of the failure of other symptoms was disregarded. The only explanation is, that we have to do with the primary localized pruritus in a general paralytic. SCHWAB.

6. EIN BEITRAG ZUR FRAGE NACH DER EXISTENZ VON NOTHNAGEL'S KRAMPFCENTRUM IN DER VAROLSBRÜCKE DES MENSCHEN (A Contribution to the Question of the Existence of Nothnagel's Convulsive Center in the Pons of Man). Hans Luce (Deutsche Zeitschrift für Nervenheilkunde, Vol. 15, Nos. 5 and 6, p. 327).

Whether or not irritation of the pons will produce true epileptic convulsions independent of the influence of the cerebral cortex is a question that has perplexed neurologists for years. Luce reports a case in which he observed chronic convulsions involving the whole musculature of the body, except the portions innervated by the sixth and seventh nerves. These general convulsions were believed to be the immediate result of an extensive pontile hemorrhage. Luce makes a careful study of the literature and concludes that pontile hemorrhages may cause general epileptic convulsions. These are produced by irritation of the motor pontile region; irritation of the fillet or tegmental area in the pons does not cause general epileptic convulsions. The pontile ganglion cells are endowed with epileptogenic properties, and convulsions from irritation of the pons are produced by means of these cells. The discharge of the pontile ganglion cells is conveyed to the cerebellar hemispheres by means of the middle cerebellar peduncles, and from the cerebellum to the spinal cord by means of the restiform bodies. The existence of subcortical epilepsy, as well as of cortical epilepsy, has been demonstrated in man. In genuine epilepsy the pontile gray matter is probably involved secondarily. The pontile convulsions are characterized clinically by less intensity of spasm, and by more involvement of the muscles of the trunk than of those of the limbs. SPILLER.

7. UN CAS DE MERALGIE PARESTHÉSIQUE TRAITÉ PAR LE RÉSECTION DU NERF FEMERO-CUTANE (A Case of Meralgia Paresthetica Treated by the Re-section of the Femoro-cutaneous Nerve). A. Souques (Revue Neurologique, July 30, 1899, No. 14).

A young woman (saleswoman) of 21 years, normal in every way, found that she became very fatigued after a day's work. She was compelled to work twelve hours a day, during a large part of which she had to stand up. This occupation was followed for six years. She was compelled to change her employment, but with no special benefit. After a day of much fatigue, she felt in the left thigh at the level of the trochanter creeping and pricking sensations. These disappeared in a reclining position. Fifteen days afterward a sudden and severe pain attacked her in the same region, which prevented her from walking. This pain increased so much that morphine was required. These attacks of pain disappeared completely at times, especially when the patient could rest during her vacation, but they soon reappeared more severe than ever. The painful area became larger and a burning sensation was added. The duration of an attack was from ten to fifteen minutes. Walking was impossible. In the absence of the paroxysms, the skin in the trochanteric region felt dead and cold. This condition resisted the usual therapeutic measures; electricity, cautery, methyl chloride, salicylate of methyl, etc.

On examination an area of the size of the palm of the hand, anesthetic to all sensory impressions, was found anteriorly over the left trochanteric region. This area was bounded by a region of very well marked hyperesthesia, which extended anteriorly to the median line of the anterior surface of the thigh, posteriorly four fingers' breadth, from the fold of the buttock, in height to the iliac crest and depth to the middle of the thigh. On account of the severity of the pain, and its interference with an active life, an operation was decided upon. A resection of the nerve at the level and above the crural arch was done; about three to four cm. were resected. After the operation, there was a total disappearance of the pain, but the area supplied by the nerve remained anesthetic. General improvement of the patient was noted. A sufficient time has not elapsed to observe the permanent value of the operation.

The pathology of this case is probably a compression of the femoro-cutaneous nerve, sometimes at the crural arch, sometimes at the level of the canal of the fascia lata. The author believes that in cases of meralgia paresthetica of traumatic origin, with symptoms as severe as in this case, an operation is justified. SCHWAB.

ANATOMY AND PHYSIOLOGY.

8. UEBER DIE MOTORISCHEN LEITUNGSBAHNEN UND DIE ENTSTEHUNGSWEISE EPILEPTISCHER ANFÄLLE (Concerning the Motor Tracts and the Origin of Epileptic Attacks). Ernst Bischoff (Wiener klin. Wochenschrift, No. 39, Sept. 28, 1899, p. 961).

The experiments conducted by Bischoff are important, as they throw some light upon the causation of epileptic convulsions. He believes that the cerebellum probably has no part in the transmission of cortical impulses to the peripheral motor nerves, as, after extensive lesions of the cerebellum, even after extirpation, cortical irritation caused movements. A weak faradic current, which caused no contractions when applied to the cortex, produced strong tonic contractions of the opposite extremities when applied over an anterior pyramid. If the pyramid were cut below the point of irritation the contractions ceased, but were renewed with increased force when the current was applied to the pyramid below the point of division. This proves that in the dog the pyramidal tract certainly has motor functions, but irritation of the tract causes only tonic contractions of the muscles of the opposite extremities. Irritation of the pyramids does not produce clonic contractions; the tonic contractions do not persist after the irritation ceases, and muscles other than those first affected do not become involved, even though the irritation is prolonged. Irritation of the tegmentum at the level of the lower olives produces somewhat different results; only tonic contractions of the opposite limbs are caused by such irritation, but the increased tonicity persists a little time after the irritation has ceased, and the extremities of the side to which the irritation is applied are involved if the irritation is prolonged. This would seem to show that motor tracts are in the tegmentum. The contractions from cortical irritation are the same after the pyramids are cut as when they are intact. When one pyramid was cut the irritation of the cortex on the same side as the lesion had to be greater, in order to produce contractions in the contralateral side of the